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GUIDANCE FOR DENTAL PROFESSIONALS

GUIDELINES FOR EFFECTIVE PREVENTION OF PERI-IMPLANT DISEASES

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These guidelines are the product of the XI European Workshop in Periodontology (the 'Prevention Workshop'), which took place in November 2014 in La Granja de San Ildefonso (Segovia), Spain. For further information, please see the Prevention Workshop website (prevention.efp.org). The full proceedings of the workshop were published in April 2015 in the Journal of Clinical Periodontology and can be downloaded (in pdf format) free of charge from: http://onlinelibrary.wiley.com/doi/10.1111/jcpe.2015.42.issue-S16/issuetoc. In addition, a podcast is available for viewing (at http://efp.stream-congress.com) in which the four co-chairmen of the Prevention Workshop discuss its conclusions and guidelines.

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ACCORDING TO THE PRESENT DATA, PERI-IMPLANT DISEASES ARE VERY COMMON. THEREFORE, IT IS IMPERATIVE FOR THE CLINICIAN TO INFORM PATIENTS ACCORDINGLY BEFORE IMPLANT THERAPY, AND TO EXAMINE AND EVALUATE PATIENTS WHO HAVE BEEN PROVIDED WITH IMPLANT-SUPPORTED RESTORATIONS ON A REGULAR BASIS.
THE FOLLOWING RECOMMENDATIONS ARE MADE FOR THE CLINICAL ROUTINE:

BEFORE IMPLANT PLACEMENT

- When implant treatment is considered, patients should be informed of the risks of biological complications (peri-implant diseases) and the need for preventive care.
- An individual risk assessment should be performed and modifiable risk factors such as smoking should be eliminated. Treatment of periodontal disease aiming for elimination of residual pockets with bleeding on probing must precede implant placement.

DURING IMPLANT PLACEMENT AND PROSTHETIC RECONSTRUCTION

- Implant position should be selected and suprastructures should be designed in a way that facilitates sufficient access for regular diagnosis by probing as well as for personal and professional oral-hygiene-measures.
- Clinicians have to be aware that implant placement at a submucosal level (to hide crown margins) may carry a higher risk of peri-implant diseases.

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- To facilitate personal oral hygiene, clinicians should consider having keratinized attached and unmovable tissue surrounding the transmucosal implant portion already during implant placement (for one-stage implant placement) or during abutment connection (for two-stage implant placement).
- The correct fit of implant components and the suprastructure has to be ensured to avoid additional niches for biofilm adherence. If cemented implant restorations have been selected, the restoration margins should be located at the mucosal margin to allow meticulous removal of excess cement.

AFTER IMPLANT PLACEMENT AND PROSTHETIC RECONSTRUCTION

- Since infection control is essential in the prevention of peri-implant diseases, patients have to be instructed on their personal oral hygiene with regular monitoring and reinforcement.
- Professional supportive care should be established according to the individual needs of the patient (e.g. 3-, 6- or 12-month recall intervals) and their compliance has to be confirmed.
- Particularly in patients with a history of treated aggressive periodontitis indicating an increased susceptibility for periodontal and peri-implant diseases, shorter recall intervals should be considered.